## 1226056

FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

RECD S.E.C. Washington, D.C. 20549

ORIGINAL

OCT 1 6 2003

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB AP	PROVAL		
OMB Number:	3235-0076		
Expires: May 31, 200			
Estimated averag hours per respo			
SEC USI	E ONLY		
Prefix	Serial		
DATE RE	CCEIVED		

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Champion Ventures III (Q), L.P.	
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506  Type of Filing:  New Filing  Amendment	Section 4(6) 🛛 ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Champion Ventures III (Q), L.P.	03035039
Address of Executive Offices (Number and Street, City, State, Zip Code)  2965 Woodside Road, Woodside CA 94062	Telephone Number (Including Area Code) (650) 327-5023
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Private Equity Fund	<u> </u>
Type of Business Organization	
□ corporation       □ limited partnership, already formed         □ business trust       □ limited partnership, to be formed       □ other	r (please specify): PROCESSEI
Actual or Estimated Date of Incorporation or Organization:    Month   Year     0 2   0 3	Actual

## **GENERAL INSTRUCTIONS**

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 774(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



		A. BASIC ID	ENTIFICATION DAT	ГА	-	
<ul> <li>Each beneficial owner has</li> </ul>	uer, if the issuer ha aving the power to nd director of corpo	s been organized within the vote or dispose, or direct th orate issuers and of corporat	e vote or disposition of,			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	er Director	$\boxtimes$	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Champion Ventures III Manage	ement, L.L.C.					
Business or Residence Address (N 2965 Woodside Road, Woodside		, City, State, Zip Code)				•
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	er Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Cornell University						
Business or Residence Address (N	Number and Street	, City, State, Zip Code)				
102 Prospect Street, Suite 300, I	thaca NY 14850					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Offic	er Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Dominant Investment LLC						
Business or Residence Address (N		•				
c/o GIC Special Investments, 25	5 Shoreline Driv			·	· —	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Offic	er	Ц	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address (N	Number and Street	, City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Offic	er Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address (N	Number and Street	, City, State, Zip Code)		:		-
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Offic	er Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)			·		
Business or Residence Address (1	Number and Street	, City, State, Zip Code)				**************************************
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Offic	er Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address (1	Number and Street	, City, State, Zip Code)				
	(Use blank	sheet, or copy and use add	ditional copies of this sl	neet, as necessary)		

					В.	INFOR	MATION A	ABOUT OF	FERING			*, * -	
1. Ha	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No ⊠			
1. 112	Answer also in Appendix, Column 2, if filing under ULOE.								ш	Δ.			
2. W	What is the minimum investment that will be accepted from any individual?							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	N/A			
3. Do	oes the o	offering pe	ermit joint ov	vnership of a	single unit?		······································				•••••	Yes	No
								, directly or i					
								e offering. If ates, list the n					
than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										10			
Full Name (Last name first, if individual)								1		-			
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of	f Assoc	ated Brok	er or Dealer										
States in	Which	Person Li	isted Has Sol	icited or Inte	nds to Solic	it Purchasers							
(Chec	ck "All	States" or	check individ	duals States)		••••		•••••	***************************************			☐ All States	
[AL	1	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	_	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[M]		[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	-	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
													· ·
Full Nar	me (Las	t name fir	st, if individu	ial)									
Busines	s or Res	idence Ac	ldress (Numb	er and Stree	t, City, State	, Zip Code)			<del></del>		<del></del>		
				·									
Name of	f Assoc	ated Brok	er or Dealer							•			
States in	Which	Person L	isted Has Sol	icited or Inte	nds to Solic	it Purchasers							
(Chec	ck "All	States" or	check indivi	duals States)					***************************************			☐ Al	Il States
[AL	.]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]
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[RI]	_	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)
													1
Full Nar	me (Las	t name fir	st, if individu	ial)								٠	
Busines	s or Res	idence Ac	idress (Numb	per and Stree	t, City, State	e, Zip Code)		<u> </u>					
Name of	f Assoc	iated Brok	er or Dealer					******	· · · ——				
States in	which	Person L	isted Has Sol	icited or Inte	nds to Solic	it Purchasers							
(Check "All States" or check individuals States)								☐ A	Il States				
[AL	.]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[M]	Γ] .	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
				(Use t	olank sheet.	or conv and t	use additiona	l copies of th	is sheet, as n	ecessary)		************	

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROC	CEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			١	
	meleate in the columns below the amounts of the securities officed for exchange and aneday exchanged.	Aggre	egate	Amo	unt Already
	Type of Security	Offerin	_		Sold
	Debt			\$	0
	Equity	\$	0	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$ <u>48,540</u>	0,000.40	\$ <u>48</u>	3,540,000.40
	Other (Specify)	\$	0	\$	0
	Total	\$ <u>48,540</u>	0,000.40	\$ <u>48</u>	3,540,000.40
	Answer also in Appendix, Column 3, if filing under ULOE.		•		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
					ggregate
		Num Inves			ar Amount Purchase
	Accredited investors		•		540,000.40
	Non-accredited Investors.				0
	Total (for filings under Rule 504 only)				0
	Answer also in Appendix, Column 4, if filing under ULOE.			Φ	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Тур	e of	Doll	ar Amount
	Type of Offering	Secu	•		Sold
	Rule 505			\$	0
	Regulation A		<del></del>	\$	0
	Rule 504			\$	0
	Total			\$	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				•
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		$\boxtimes$	\$	50,000
	Accounting Fees			\$	. 0
	Engineering Fees		$\Box$	\$	0
	Sales Commissions (specify finders' fees separately)			s	0
	Other Expenses (identify)			ς	0 .
	Total			٠	50,000
	1 Otal		K	φ	20,000

C. OFFERIN	NG PRICE, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCEEDS	
total expenses furnished in response to Pa	egate offering price given in response to Part C - Question 1 and ant C - Question 4.a. This difference is the "adjusted gross"	i	\$ <u>48,540,000.40</u>
the purposes shown. If the amount for any	gross proceeds to the issuer used or proposed to be used for each purpose is not known, furnish an estimate and check the box to tents listed must equal the adjusted gross proceeds to the issue above.	the	
		Payments to Officers, Directors & Affiliates	Payments To Others
Salaries and fees		🔲 \$	□ \$ <u> </u>
Purchase of real estate		🗆 \$0	<b>\$</b> 0
Purchase, rental or leasing and installatio	n of machinery and equipment	🗆 \$0	<b>S</b> 0
	s and facilities		
Acquisition of other businesses (includin	g the value of securities involved in this offering that may be		
used in exchange for the assets or securit	ies of another issuer pursuant to a merger)	🗆 \$0	\$0
Repayment of indebtedness		🔲 \$0	\$0
Working capital		[] \$o	<b>⋈</b> \$ <u>48,540,000.40</u>
Other (specify):		\$0	\$0
Column Totals		🗆 \$0	<b>⋈</b> \$ <u>48,540,000.40</u>
Total Payments Listed (column tota	ıls added)	🛛 \$_48,5	40,000.40
	D. FEDERAL SIGNATURE		
	I by the undersigned duly authorized person. If this notice is filed urities and Exchange Commission, upon written request of its state of Rule 502.		
Issuer (Print or Type)	Signature	Date In - 41 A	2
Champion Ventures III (Q), L.P.		10-14-0	<b>3</b>
Name of Signer (Print or Type) Harris Barton	Title of Signer (Print or Type)  Managing Member of Champion Ventures Ill Manage	amont I.I.C. Compand Dom	than of the Jesus
MAY 115 13014 1011	Managing Member of Champion Ventures III Manage	ment, L.L.C., General Fair	ner of the issuer
	ATTENTION		
Intentional Misstatement	ts or Omissions of Fact Constitute Federal Criminal Violat	ions. (See 18, U.S.C. 10	01.)